FORM D

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Mail Process Washington, D.C. 20549 Section

OMB APPROVAL
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FORM D

MAY 27 2008

NOTICE OF SALE OF SECURITIES NINGton, DC PURSUANT TO REGULATION D, 110 SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION

SEC USE ONLY					
Prefix	Serial				
DATE RE	CEIVED				
1) '				

Name of Offering (check if this is an amendment and name has changed, and indicate change.)							
Sale of Series D-1 Preferred Stock and the underlying Common Stock issuable upon conversion of	the Series D-1 Preferred Stock.						
	ULOE						
Type of Filing: New Filing Amendment A. BASIC IDENTIFICATION DATA	DROCESSED						
Enter the information requested about the issuer	INOUZ						
Name of Issuer (check if this is an amendment and name has changed, and indicate change.)	1111 0 3 7008						
Intacct Corporation	E JUN 0000						
Address of Executive Offices (Number and Street, City, State, Zip Code)	Telephone Nutri OMSON ARE CORE						
125 South Market St., Suite 600, San Jose, CA 95113	(877) 968-0600						
	 `.´						
Address of Principal Business Operations (Number and Street, City, State, Zip Code) (if different from Executive Offices)	Telephone Number (Including Area Code)						
Same	Same						
Brief Description of Business							
Supplier of on-demand financial management system applications.	116 114 62161 1014 6210 6114						
Type of Business Organization	[146]] 4814 1831 8831 8131 1841 1841 1841 1841						
☐ corporation ☐ limited partnership, already formed ☐ other	r (pleas)						
business trust limited partnership, to be formed							
Month Year	08047838						
Actual or Estimated Date of Incorporation or Organization: 0 2 0 5	Actual Estimated						
Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State:							
CN for Canada; FN for other foreign jurisdiction)	Ē						

GENERAL INSTRUCTIONS

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. Or 15 U.S.C. 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

			IFICATION DATA						
2. Enter the information rec	=	-							
-		er has been organized with							
 Each beneficial ow securities of the issu 		wer to vote or dispose, o	r direct the vote or dispos	sition of, 10% or	more of a class of equity				
 Each executive office 	eer and director of	corporate issuers and of co	orporate general and manag	ing partners of pa	rtnership issuers; and				
 Each general and m 	anaging partner of	partnership issuers.							
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	☑ Director	General and/or Managing Partner				
Full Name (Last name first, if individual)									
Braun, Michael									
Business or Residence Address	•								
c/o Intacct Corpor		Market St., Suite 600, Sar							
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner	Executive Officer	☐ Director	☐ General and/or Managing Partner				
Full Name (Last name first, if	individual)								
Linden, Marc E.									
Business or Residence Addres	*	reet, City, State, Zip Code) Market St., Suite 600, Sar							
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner		Director	General and/or Managing Partner				
Full Name (Last name first, if	individual)				Transging I didier				
Jalaba, Jerry	,								
Business or Residence Addres	s (Number and St	reet City State Zin Code)	· · · · · · · · · · · · · · · · · · ·						
	•	Market St., Suite 600, Sai							
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner	Executive Officer	☐ Director	☐ General and/or Managing Partner				
Full Name (Last name first, if individual)									
Tessel, Marianna									
Business or Residence Addres	ss (Number and Str	reet, City, State, Zip Code)	1		•				
c/o Intacct Corpor	ation, 125 South I	Market St., Suite 600, Sar	1 Jose, CA 95113						
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner				
Full Name (Last name first, if	individual)								
Druker, Daniel									
Business or Residence Addres	ss (Number and St	reet, City, State, Zip Code)							
c/o Intacct Corpor	ation, 125 South I	Market St., Suite 600, Sar	1 Jose, CA 95113						
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner				
Full Name (Last name first, if	individual)								
Jacquette, George	,								
Business or Residence Addres	s (Number and Str	reet City State Zin Code)							
	•	Market St., Suite 600, Sar							
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner	☑ Executive Officer	Director	General and/or Managing Partner				
Full Name (Last name first, if	 individual)								
Harris, Aaron	,								
Business or Residence Addres	s (Number and Str	reet City State Zin Code)	1						
	,	Market St., Suite 600, Sar							
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner	☑ Executive Officer	Director	General and/or Managing Partner				
Full Name (Last name first, if	individual)								
Lord, Kathleen									
Business or Residence Address (Number and Street, City, State, Zip Code)									
c/o Intacct Corporation, 125 South Market St., Suite 600, San Jose, CA 95113									

-				IFICATION DATA				
2. Enter the information requested for the following:								
	 Each promoter of the issuer, if the issuer has been organized within the past five years; Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity 							
securities of								
	 Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and Each general and managing partner of partnership issuers. 							
Check Box(es) that A	pply:	Promoter	☐ Beneficial Owner	Executive Officer	☐ Director	General and/or Managing Partner		
Full Name (Last name								
Hadjiioann								
		•	eet, City, State, Zip Code) Aarket St., Suite 600, Sar					
Check Box(es) that A	pply:	Promoter	Beneficial Owner	Executive Officer	☑ Director	General and/or Managing Partner		
Full Name (Last name		individual)						
Jacobs, Bri	an							
		-	eet, City, State, Zip Code) oad, Suite 300, San Mate					
Check Box(es) that A	pply:	Promoter	Beneficial Owner	☐ Executive Officer	☑ Director	General and/or Managing Partner		
Full Name (Last name Dillon, Joh		individual)	·····					
		ss (Number and Str	eet, City, State, Zip Code)	<u> </u>		· ·		
		•	Aarket St., Suite 600, San					
Check Box(es) that A	pply:	Promoter	Beneficial Owner	Executive Officer	□ Director	General and/or Managing Partner		
Full Name (Last name Spinner, Re		individual)	•					
		ss (Number and Str	eet, City, State, Zip Code)					
		•	Camino Real, Suite 280, N					
Check Box(es) that A	pply:	Promoter	Beneficial Owner	☐ Executive Officer	Director	General and/or Managing Partner		
Full Name (Last name Sands, Gre		individual)						
		ss (Number and Str	eet, City, State, Zip Code))				
c/o Sutter I	Iill Ven	tures, 755 Page M	ill Road, Suite A-200, Pa	alo Alto, CA 94304-1005				
Check Box(es) that A	pply:	Promoter	☐ Beneficial Owner	☐ Executive Officer	□ Director	General and/or Managing Partner		
Full Name (Last name Deeter, Byr		`individual)						
		ss (Number and Str	eet, City, State, Zip Code))				
		· ·	•	e, Suite 104, Larchmont,	NY 10538			
Check Box(es) that A	pply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner		
Full Name (Last name		•						
Emergence	Capita	l Partners, L.P. (a	nd affiliated funds)					
		ss (Number and Str uite 300, San Mate	eet, City, State, Zip Code) eo CA 94402	1				
Check Box(es) that A		Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner		
Full Name (Last name	first, if	individual)						
	 	L.P. (and affiliated						
Business or Residence Address (Number and Street, City, State, Zip Code)								
1600 El Camino Real, Suite 280, Menlo Park, CA 94025								

A. BASIC IDENTIFICATION DATA 2. Enter the information requested for the following: Each promoter of the issuer, if the issuer has been organized within the past five years; Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer; Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and Each general and managing partner of partnership issuers. Check Box(es) that Apply: ☐ Promoter Beneficial Owner ☐ Executive Officer ☐ Director ☐ General and/or Managing Partner Full Name (Last name first, if individual) **Sutter Hill Ventures** Business or Residence Address (Number and Street, City, State, Zip Code) 755 Page Mill Road, Suite A-200, Palo Alto, CA 94304-1005 Beneficial Owner ☐ Executive Officer □ Director General and/or Check Box(es) that Apply: □ Promoter Managing Partner Full Name (Last name first, if individual) Bessemer Venture Partners VII L.P. Business or Residence Address (Number and Street, City, State, Zip Code) 1865 Palmer Avenue, Suite 104, Larchmont, NY 10538 Beneficial Owner □ Director Check Box(es) that Apply: □ Promoter ■ Executive Officer ☐ General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) ■ Beneficial Owner ☐ Executive Officer □ Director Check Box(es) that Apply: ☐ Promoter General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: ☐ Promoter Beneficial Owner ☐ Executive Officer ☐ Director ☐ General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) ☐ Beneficial Owner □ Director Check Box(es) that Apply: ☐ Promoter ☐ Executive Officer ☐ General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) ☐ Executive Officer Check Box(es) that Apply: □ Promoter ☐ Beneficial Owner □ Director ☐ General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: ☐ Promoter ■ Beneficial Owner ☐ Executive Officer □ Director General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code)

					B. INFOR	MATION	ABOUT O	FFERING				
•											Yes	No
l. Ha	1. Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering?								\boxtimes			
								-				
2. What is the minimum investment that will be accepted from any individual?												
	Yes										No	
	 Does the offering permit joint ownership of a single unit? Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any 											
cor If a or	nmission on person to states, list t	r similar re be listed is he name of	muneratio an association the broke	n for solic ated person r or dealer	itation of p n or agent of the firm ore t	ourchasers in of a broker han five (5	in connection or dealer re	on with sales gistered wit be listed are	of securition of the SEC a	or indirectly es in the offe ind/or with a persons of s	ring. state	
Full Na	me (Last na	me first, if	individual	1)								
Busines	s or Reside	nce Addres	s (Numbe	r and Stree	et, City, Sta	ite, Zip Cod	le)					
Name o	f Associate	d Broker or	Dealer									
						icit Purchas						
(Chec	k "All Stat	es" or chec	k individu	al States)			•••••					All States
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
[RI]	[SC]	[SD]	[TN]	[XX]	[UT]	[VT]	[VA]	[WA]	[wv]	[WI]	[WY]	[PR]
Full Na	ne (Last na	me first, if	individual	l)								
Busines	s or Reside	nce Addres	s (Number	r and Stree	et, City, Sta	te, Zip Cod	le)					
Name o	f Associate	d Broker o	Dealer									
States in	Which Pe	rson Listed	Has Solic	ited or Int	ends to Sol	icit Purchas	ers					
(Che	k "All Stat	es" or chec	k individu	al States)	•••••		••••••					☐ All States
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[D]
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
[RI]	[SC]	[SD]	[TN]	[XX]	[UT]	[VT]	[VA]	[WA]	[WV]	[W]	[WY]	[PR]
Full Na	ne (Last na	me first, if	individual	1)								
Busines	s or Reside	nce Addres	s (Number	r and Stree	et, City, Sta	te, Zip Cod	le)				•	
Name o	f Associate	d Broker o	Dealer								.	
						icit Purchas		.				☐ All States
(Check "All States" or check individual States)												
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
[MT] [RI]	[NE] [SC]	[NV] [SD]	(NH) [TN]	[NJ] [TX]	[NM] [UT]	[NY] [VT]	[NC] [VA]	[ND] [WA]	[OH] [WV]	[OK] [WI]	[OR] [WY]	[PA] [PR]
LEVII	1301	ارد	1 1 1 4 1	111	1011	1 7 1 1	1 4 47	1 44 1/7	1 44 4 1	1 44 1 1	I VV I	111

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

-	C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE O	F PROCEEDS _	
1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box \(\square\$ and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.		
	Type of Security	Aggregate Offering Price	Amount Already Sold
	Debt	\$ 0	\$ 0
	Equity	\$ 15,000,000.26	\$ 15,000,000.26
	☐ Common ☐ Preferred		
	Convertible Securities	\$_(See above)_	\$ (See above)
	Partnership Interests	\$ 0	\$ 0
	Other (Specify)	\$ 0	\$ 0
	Total	\$ 15,000,000.26	\$ 15,000,000.26
	Answer also in Appendix, Column 3, if filing under ULOE.		
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."		
		Number of Investors	Aggregate Dollar Amount of Purchases
	Accredited Investors	25	\$ 15,000,000.26
	Non-accredited Investors	0	\$ 0
	Total (for filings under Rule 504 only)	0	\$ 0
	Answer also in Appendix, Column 4, if filing under ULOE.		
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C - Question 1.		
	Type of offering	Type of Security	Dollar Amount Sold
	Rule 505	N/A	\$0
	Regulation A	N/A	\$ 0
	Rule 504	N/A	\$ 0
	Total	N/A	\$0
4.	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.		
	Transfer Agent's Fees		\$
	Printing and Engraving Costs	_	\$
	Legal Fees.		\$To be determined
	Accounting Fees		\$
	Engineering Fees		\$
	Sales Commissions (specify finder's fees separately)		\$
	Other Expenses (identify)		\$
	Total	_	\$To be determined

	. C. OFFERING PRICE,	NUMBER OF INVESTORS, EXPENSES A	ND U	JSE OF PROCEE	DS	
•	b. Enter the Siffer the il payeers then a Question 1 and total expenses furnished in re "adjusted gross proceeds to the issuer."	eggregate offering price given in response esponse to Part C - Question 4.a. This difference	to F	Part C -	\$ 15,000,000.26	
5.	used for each of the purposes shown. If the estimate and check, the box to the left of the	gross proceeds to the issuer used or proposed to amount for any purpose is not known, furning the estimate. The total of the payments listed suer set forth in response to Part C - Question	sh an must			
				Payments to Officers, Directors, & Affiliates		
	Salaries and fees			\$	□ \$	
	Purchase of real estate			\$	□ \$	
	Purchase, rental or leasing and installat	ion of machinery and equipment		\$	□ s	
	Construction or leasing of plant buildin	gs and facilities		S	□ s	
	offering that may be used in exchange i	g the value of securities involved in this for the assets or securities of another		\$	s	
	Repayment of indebtedness			\$		
	Working capital			\$	S15,000,000.26 ·	
	Other (specify)			\$	□ s	
	Column Totals			\$	S15,000,000.26	
	Total Payments Listed (column totals a	dded)			\$15,000,000.26	
		D. FEDERAL SIGNATURE				
foll	owing signature constitutes an undertaking by	ned by the undersigned duly authorized person the issuer to furnish to the U.S. Securities and r to any non-accredited investor pursuant to par	i Exc	hange Commission	. upon written request	
İssı	uer (Print or Type)	Signature Q1	-	Date		
Int	acct Corporation	March.		May 15, 2008	8	
	me or Signer (Print or Type)	Title of Signer (Print or Type)				
Marc E. Linden VP Finance & Administration, CFO and Secretary						

ATTENTION

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

END